IBEW LOCAL 105

HEALTH & WELFARE

Pre-Authorized Debits (PADS)

Payor's PAD Agreement-Mandatory & Supplementary Elements

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize IBEW Local 105 and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our IBEW Local 105 account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on 20th of each month. IBEW Local 105 will provide a receipt of payment shortly there after of each transaction. IBEW Local 105 will obtain my/our authorization for any other one-time or sporadic debits. Returned NSF payments are subject to standard NSF bank charges.

This authority is to remain in effect until IBEW Local 105 has received written notification from me/us of its change or termination. This notification must be received at least (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

IBEW Local 105 may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we contact my/our financial institution or visit www.payments.ca.

Payments to be taken by: **Pre-Authorized Debit** OR **Charged to Credit** (circle one)

Name(s): _____ Paid to IBEW Local 105 Account: **Health & Welfare Fund**

Day of Monthly Payment: **20th of each month** **Type of Service**: Personal _____ Business_____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Phone Number: _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____

(branch -5 digits; FI 3 digits)

Address: _____ City/Town: _____

Province: _____ Postal Code: _____

OR

Credit Card Type: _____ Cardholder name (as seen on card):_____

Card Number: _____ Expiration Date: _____ CVD: _____

IBEW Local 105
685 Nebo Rd.
Hannon Ontario, L0R 1P0
Tel: 905-387-1721 Ext. 0
Email: frontdesk@ibewlu105.com

Authorized Signature(s): _____ **DATE:** _____

PLEASE ATTACH A VOID CHEQUE OR AN OFFICAL BANK LETTER. WE WILL NOT ACCEPT PRE-AUTHORIZATION UNLESS ATTACHEd